



## QUARTERLY BUILDING PERMIT RADON SURCHARGE REPORT

Report for Quarter Ending (check one) ☐ 3/31 ☐ 6/30 ☐ 9/30 ☐ 12/31

### Municipality Information

City / Town Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Building Permits Subject to Radon Surcharge [RI General Laws Section 23-61-8]		#
1	Number of permits issued for new construction	
Area Subject to Radon Surcharge		square feet
2	Area for new construction (square feet)	
Calculation of Radon Surcharge		\$
3	Surcharge amount collected (2% of line 2 = line 2 x 0.02)	
4	Surcharge amount retained (5% of line 3 = line 3 x 0.05)	
5	<b>Surcharge amount due</b> (line 3 minus line 4)	
6	Adjustments for overpayment or underpayment	
7	<b>Surcharge amount remitted</b>	

Line 6 Adjustment Explanation OR ☐ justification attached

### Certification

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Print Name _____	Signature _____	RI License # _____	Date _____
Title _____	Phone _____		

### Payment Information

Please mail this form with payment for the amount on line 7 payable to **General Treasurer, State of Rhode Island** within 30 days after the end of the quarter checked above to:

Rhode Island Department of Health  
Healthy Homes & Environment Team – Radon Control Program  
3 Capitol Hill, Room 206, Providence, RI 02908-5097  
David Spink, 401-222-7756, [David.Spink@health.ri.gov](mailto:David.Spink@health.ri.gov)  
[www.health.ri.gov/radon](http://www.health.ri.gov/radon)